



BRADENTON GLADIATORS FOOTBALL, INC.

P.O. Box 2276, Oneco, FL 34264-2276, (941) 320-7576

www.bradentongladiators.com

Registration Form

Instructions: All applicants are required to complete the registration form to be eligible for participation with Bradenton Gladiators Football, Inc. All the information on this form must be completed by type or printed in ink.

I. GENERAL INFORMATION

Name (First, MI, Last): _____

Birth Date: _____ Age: _____ Circle Days Available for Practice (6:30-8:30): M T W TR F Sat Sun

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ Height: _____ Weight: _____

Phone: _____ Cell Phone: _____ Cell Provider (Sprint, Nextel): _____

Emergency Contact Name: _____ Emergency Phone: _____

II. PROFILE

High School Name: _____ High School City & State: _____

College Name: _____ College City & State: _____

Other: _____ Other City & State: _____

(Minor League, Semi-Pro, Pro Team)

Are you eligible to play college football? Yes / No If yes, how many years of eligibility do you have? _____

III. CHECK THE APPROPRIATE BOX BELOW

(Identify position(s) played)

- | | | | | |
|---------------------------------------|---|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Quarterback | <input type="checkbox"/> Center | <input type="checkbox"/> Defensive End | <input type="checkbox"/> Free Safety | <input type="checkbox"/> Punter |
| <input type="checkbox"/> Running Back | <input type="checkbox"/> Offensive Guard | <input type="checkbox"/> Defensive Tackle | <input type="checkbox"/> Nose Guard | <input type="checkbox"/> Other |
| <input type="checkbox"/> Full Back | <input type="checkbox"/> Offensive Tackle | <input type="checkbox"/> Corner Back | <input type="checkbox"/> Linebacker | _____ |
| <input type="checkbox"/> Receiver | <input type="checkbox"/> Tight End | <input type="checkbox"/> Strong Safety | <input type="checkbox"/> Kicker | |

Certification

I certify that I fully understand the team requirements and I have not knowingly withheld any facts of circumstances in completing this form. It is further agreed that any misrepresentation by me in this form will be sufficient cause for terminating membership. I authorize Bradenton Gladiators Football, Inc. to conduct an investigation of the contents of this form and will not hold anyone liable who supplies information.

Player's Signature _____

Date _____

RECEIPT INFORMATION

Date form received _____	Amount Paid \$ _____
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Check *(Check # - _____) <input type="checkbox"/> Money Order * <input type="checkbox"/> Credit Card
Comments _____	T-Shirt Size <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL
Authorized Signature _____	Date _____

* Please make check or money order payable to: **Bradenton Gladiators Football, Inc., P.O. Box 2276, Oneco, FL 34264-2276**